

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2			-	1		
3				1		
4				1		
5				1		
6	2		2			
7	2		2			
8	2		2			
9	1		1			
10	1		1			
11	1		1			
12	2		2			
13	2		2			
14	2		2			
15	1		1			
16	1		1			
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50						

TOTAL IND.

4

TOTAL DEP.

4

TOTAL CLAIMS

28

4

24

28

TOTAL IND.

1

TOTAL DEP.

1

TOTAL CLAIMS

1